

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 1 8

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.110 + 441.56 + 441.62

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, #4.b., Page 5

Attachment 3.1-A, #11.c., Page 1 ~~X~~9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, #4.b., Page 5

Attachment 3.1-A, #11.c., Page 1 & 2

10. SUBJECT OF AMENDMENT:

Speech, Hearing, and Language Services Limitations

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 28, 2000

16. RETURN TO:

Janet Schalansky, Secretary
Social & Rehabilitation Services
Docking Building, 6th Floor
915 SW Harrison, Room 651S
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/29/00

18. DATE APPROVED:

NOV 2 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

09/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Schalansky
Day
Bieberly
CO

SPA CONTROL

Date Submitted 09/28/00

Date Received 09/29/00

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#11.c., Page 1

Speech, Hearing and Language Services Limitations

Speech and Language Services

1. Speech and language therapy services must be rehabilitative and restorative in nature, and provided following physical debilitation due to acute physical trauma or illness. They must be prescribed by the attending physician.
2. Speech and language therapy services are limited to services provided by a hospital or a home health agency.
3. Speech therapy must be provided by a speech pathologist who has a certificate of clinical competence from the American Speech and Hearing Association.

Hearing Services

1. Services for the hard of hearing are limited to ear examinations by a physician, audiological testing and evaluation by an audiologist or certified hearing aid dealer, dispensing and fitting of hearing aids, hearing aid repair, trial rental of a hearing aid and hearing aid supplies provided by a certified hearing aid dealer.
2. Provision of a binaural hearing aid requires specific documentation of medical necessity supporting significant bilateral loss of hearing.
3. Hearing aid repairs costing less than \$15.00 are non-covered services. Repairs costing between \$15.00 and \$75.00 are covered. Repairs exceeding \$75.00 are covered only with prior authorization.
4. Trial rental of a hearing aid is limited to one month's duration.
5. Provision of hearing aid batteries is limited to six per month for monaural aids and twelve per month for binaural aids.
6. Hearing aids may be replaced every four years if a medical examination documents the necessity of replacement. Lost, broken or destroyed hearing aids will be replaced one time during a four year period provided the documentation of the circumstances adequately supports the need and prior authorization is obtained.

NOV 17 2000

TN#MS-00-18 Approval Date _____ Effective Date 09/01/2000 Supersedes MS-86-34

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#4.b., Page 5

KAN Be Healthy (Early Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Audiology	No	Hearing aids incorporated into eyeglasses.
Prescribed Drugs	No	Antihistamines, cold and cough medicines and vitamins are covered.
Dentures	No	Partial dentures, repair and adjustment are covered.
Prosthetic and Orthotic Devices	Yes	
Eyeglasses	No	KAN Be Healthy vision screening is required. The second and subsequent sets of eyeglasses or lenses within a year period are covered when glasses are lost or broken. Contact lenses and certain tints require prior authorization.

NOV 17 2000

TN # MS-00-18 Approval Date Effective Date 09/01/2000 Supersedes TN#MS-96-08